DOCUMENT RESUME

ED 057 878 LI 003 402

AUTHOR Kenney, Brigitte L.
TITLE Supplement to the Annotated Bibliography on Television and Videotape in Psychiatry.
INSTITUTION Mississippi Univ., Jackson. Dept. of Psychiatry.
SPONS AGENCY National Inst. of Mental Health (DHEW), Bethesda, Md.
PUB DATE Mar 70
NOTE 33p.; (71 References)

EDRS PRICE MF-$0.65 HC-$3.29
DESCRIPTORS *Group Therapy; Instructional Television; Marital Instability; Measurement Instruments; Medical Education; Psychiatric Hospitals; *Psychiatry; *Psychotherapy; *Television; *Video Tape Recordings

ABSTRACT

The seventy-one references supplement Brigitte L. Kenney's "Annotated Bibliography on Televisions and Videotape in Psychiatry." Bethesda, National Inst. of Mental Health, 1969. (ED 033 574). The 1969 publication covers pertinent publications between 1962-1969. Many more references which appeared during those years have since been located and are included in this bibliography. The supplement also incorporates all references listed in the "TV in Psychiatry Newsletter" since the original bibliography appeared, as well as additional new ones. The chronological breakdown of the references in this bibliography is: 1963 (1), 1964 (1), 1965 (2), 1966 (2), 1967 (6), 1968 (12), 1969 (43), and 1970 (4). The general subjects covered by this bibliography include; aftercare, behavior modification, confrontation, conjoint marital theraphy, consultations, conjugated programmed CCTV, family therapy, group psychotherapy, indexing and videotape library, inter-institutional use, legal implications, mental health training, psychodrama, resident training, and undergraduate training. (Author/MM)

C2

ED057878

UNIVERSITY OF MISSISSIPPI MEDICAL CENTER

DEPARTMENT OF PSYCHIATRY

TV PROJECT

S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
OFFICE OF EDUCATION
DOCUMENT HAS BEEN REPRO-
D EXACTLY AS RECEIVED FROM
ERSON OR ORGANIZATION ORIG-
NG IT. POINTS OF VIEW OR OPIN-
STATED DO NOT NECESSARILY
ESENT OFFICIAL OFFICE OF EDU-
N POSITION OR POLICY.

SUPPLEMENT TO THE

ANNOTATED BIBLIOGRAPHY ON TELEVISION AND VIDEOTAPE

IN PSYCHIATRY

Brigitte L. Kenney
Research Associate

NIMH Grant 5T 21 MH 11397 - 01
Floy Jack Moore, M.D. Principal Investigator

Jackson, Mississippi
March 1970

LI 003 402

34p.
70

The attached pages contain material supplementing a bibliography issued in April 1969, which aimed at covering pertinent publications between 1962-1969. Many more references which appeared during those years have since been located and are included here. The supplement also incorporates all references listed in the TV in Psychiatry Newsletter since the original bibliography appeared, as well as additional new ones.

Omissions are solely the responsibility of the author. The index, somewhat expanded from that included in the original bibliography, should facilitate use of this supplement.

Additional copies of both the original bibliography and its supplement are available from the TV Project.

Brigitte L. Kenney

March 1970

Alger, Ian
Therapeutic Use of Videotape Playback. J.Nerv.Ment.Dis.148:430-436 (1969)

"Videotape not only provides the possibility of recording an enormous amount of data during a therapy session, but also permits the participants to review this material immediately. The usefulness of such complete data for research is evident, but the integration of the videotape playback into the ongoing session itself also holds therapeutic promise.

Recent theories have focused on the context, as well as on the communicational and interpersonal aspects of human behavior. The resulting emphasis on the here and now and the attention paid to the therapist-patient relationship find an especially clear definition in the videotape playback...

One of the most interesting consequences of the videotape playback technique is the encouragement of a more democratic and equalitarian therapeutic relationship. When both therapist and patient have equal access to the objective data of the therapy session, the traditional roles are challenged... In this, the emphasis falls not only on the suffering of the patient, and the skill of the therapist, but also on the televised and now so evident humanness of them both." (Abbreviated Author Abstract)

Alger, I. and P. Hogan
The Impact of Videotape Recording on Involvement in Group Therapy. J.Psychoanal.Groups2:50-56(1967)

The two authors, psychiatrists in private practice, describe their use of videotape playback as an adjunct to therapy. It is being used routinely for conjoint marital, group and family therapy. The first ten minutes are videotaped, played back immediately and the viewers' reaction to the playback is also taped. Playback is particularly valuable in clarifying communications problems and feelings meant to be conveyed at the time of the original session, but which did not come through to the person to whom they were addressed. A "second chance" is given by viewing playback and clarifying what was not seen or felt during the first session. Effects on the therapeutic relationship are also noted; the authors feel that a more democratic relationship is obtained by playing back an interview and seeing both doctor and patient objectively. Feelings once considered unacceptable are often accepted by the patient through playback, that is, through seeing how they come across. This leads to less intellectualization on the patient's part, and allows him to understand his own reacting self.

Alkire, Armand A.
The Use of Videotaped Playback in the Fields of Education and Mental Health. AV Comm.Rev.17:182-200(1969)

The title of this article appears to cover two broad areas and the stated purpose of the paper is to provide a literature review of both. Both the title and the stated purpose prove to be misleading; education and mental health are treated but lightly and the literature coverage is most incomplete. After a brief and incomplete historical review of television as a learning tool, the author reviews videotape playback - again omitting a number of significant articles. Particularly conspicuous by their omission

are those describing work done at the Michigan State University, (Kagan, Krathwohl, Miller), University of Mississippi (Moore, Suess, Pascal, McGuire), Alger in New York, University of Kansas (Geertsma and Reivich) as well as earlier work by Ruhe (Kansas) and others. Apparently the author was not aware of several recent excellent review articles through which he could have found the more important references on television in psychiatry (Danet, Gant, Ramey, Wilmer, all written in 1968). Five and one-half pages of the article are given over to a description of family therapy and work with maladjusted children using videotaped playback, which the author and others have carried out at UCLA. Active involvement of the participants by using rating scales to evaluate themselves as they viewed videotaped playback was the innovation in this experiment.

It is hoped that an entire article may be devoted by Mr. Alkire to a description of these experiments; to use this article, purportedly a bibliographic review, to describe them is highly inappropriate.

Bahnson, Claus Bahne
Body and Self-Images Associated With Audio-Visual Self-Confrontation. J.Nerv.Ment.Dis.148:262-280(1969)

"A new theoretical framework for encompassing the multiple contemporary concepts of body images and self-concepts is presented, within which each self-experience may be described in terms of position on three independent dimensions: genetic developmental level, degree of consciousness, and experiential quality (conation-emotion-cognition). Developmentally successive layers of self-experience form around each other as layers of an onion, with some of these layers referring to body, others to self-images. The concept of regression under the stress of self-confrontation to earlier self-perceptions is introduced as a working hypothesis in this study.

Reactions to confrontation with films of themselves are described and discussed for a population of hemophilic patients, children, adolescents, and adults, who participated in a longitudinal study investigating personality and psychodynamic correlates to hemorrhaging in hemophiliacs...

The effect of audio-visual self-confrontations depends on the subject's developmental level and ego defenses, and vary from non-therapeutic disintegration of perceived self- and body barriers, to therapeutic and integrative incorporation of central aspects of self (insight) in patients with sufficient ego capacity." (Abbreviated Author Abstract)

Barnes, L. H., I. Pilowsky
Psychiatric Patients and Closed-Circuit Television Teaching: A Study of Their Reactions. Brit.J.Med.Educ.3:(1):58-61(1969)

At the University of Sydney, Australia, a study was carried out to determine the effect on patients of being shown to students via closed-circuit television. Patients as a group responded favorably; found the TV experience caused little distress. Some commented that they felt nervous, or that they only agreed to be televised out of a feeling of obligation to their therapist. Those expressing negative comments were in a minority; most found the experience to be less disturbing than in a live or one-way mirror presentation. The semi-disguised camera did not prove to be disconcerting to most of the patients. The authors conclude that appearing on television is well tolerated

by psychiatric patients. They warn, however, that careful preparation of the patients is necessary to insure that they know what is to happen and that the caliber of interviewer used in this kind of situation should be high.

Berger, M., Barry Sherman, Janet Spalding, and Robert Westlake
The Use of Videotape with Psychotherapy Groups in a Community Mental Health Service Program. Int.J.Group Psychother.18:504-515(1968)

Videotape playback of group psychotherapy sessions at the Washington Heights Community Mental Health Center in Manhattan is described. Two groups of patients were videotaped; one consisted of severely disturbed patients, and the other of patients who were in advanced stages of treatment and were no longer hospitalized. The impact of videotape playback is described as dramatic, and examples are cited. Effects of video on group cohesiveness were also observed. Resident therapists were aided in overcoming their initial anxiety and increasing their sensitivity toward observing non-verbal behavior.

Frequent stopping and interruption of the videotape aids in analyzing group processes with members and therapist, as well as supervisory personnel. It shows all participants "as they are" rather than as they imagine themselves to be. Intimacy of the group and sharing is increased, while defensive maneuvers are eliminated more quickly, once they are recognized.

Berger, Milton M., ed.
Videotape Techniques in Psychiatric Training and Treatment. New York, Brunner/Mazel, 1970. 400+p. $15.00.

This book, not available for examination and review at the time this bibliography went to press, is going to be an important source of information to the rapidly expanding group of mental health personnel utilizing television for teaching, research and patient care. Dr. Berger invited a number of the country's outstanding experts in the field, those with years of experience in the various applications of TV, to contribute chapters to the book. Topics covered include: Confrontation, Training, Treatment, Legal, Moral and Ethical Considerations, Technical and Artistic Aspects, and an extensive bibliography. Among the well-known contributors are: Garner, Berger, Gruenberg, Froelich, Trethowan, Moore, Gladfeldter, Kagan, Stoller, Alger, Goldfield, Wilmer, Scheflen, del Vecchio and others.

Bernal, Martha E.
Behavioral Feedback in the Modification of Brat Behavior. J.Nerv.Ment. Dis.148:375-385(1969)

"This report demonstrates the use of operant learning principles and behavioral feedback via television in training mothers in child management. Tailored programs for two male "brats," aged 5 and 8 years, are presented. Seven intervention or instruction sessions were held during which the mothers' management behaviors were gradually shaped. Direct instruction on what operants to emit contingent on the boys' behaviors, teaching of reinforcement principles, social reinforcement of the mothers' successful management behaviors, and playback of videotaped mother-son interaction sessions were used in the shaping. When necessary, the mothers were trained in management

of the problem child in the presence of another child such as a playmate or sibling. According to daily notes kept by the mothers of the boys' problem behaviors at home, both children improved markedly within a period of 25 weeks from the point of first contact with the parents.

The applicability of the described procedural format to parents and children with certain characteristics is discussed. Some informal comments regarding the effects of feedback on the mothers are also presented, along with the two mothers' reactions to seeing themselves try to cope with their boys on videotape prior to the beginning of treatment. (Author Abstract)

Bloch, Sidney, R. M. Mowbray
Closed Circuit Television Recording in Undergraduate Psychiatric Teaching. Med.J.Australia 1:561-562(1968)

The Department of Psychiatry at the University of Melbourne began a CCTV program in 1967. It is being used for sharpening students' interviewing skills, self-confrontation, supervisory sessions with student and supervisor discussing a televised interview. Students also learn by observing senior staff techniques. Lectures are presented via TV by visiting experts, and there are demonstrations of group psychotherapy, EST, hypnosis, and similar techniques.

Cameras and recorder are portable; ordinary light is used.

Students have responded favorably to a survey asking about the usefulness of TV teaching methods. The department is establishing a tape library, with tapes coded and indexed.

Bodin, Arthur M.
Videotape Applications in Training Family Therapists. J.Nerv.Ment.Dis.148: 251-261(1969)

"The advent of videotape has opened new avenues of development in therapy, training and research, some of which are described as they have been evolving at the Mental Research Institute.

Discussion includes man-machine system considerations, e.g., the intimate relationships between the equipment setup and the people and purposes connected with its use.

The videotape uses discussed here relate to training and therapy applications. Training applications presented are as follows: 1) taping prior to particular courses, 2) tape libraries, 3) splitting audio and visual channels, 4) "on line" feedback, 5) self-presentation exercises and 6) comparative analysis of an individual's on- and offstage performance in order to gain perspective on what constitutes authenticity.

Therapy applications presented are as follow: 1) early uses, 2) overt rather than covert use of the video controls, 3) variations in the duration and timing of videotape recording and replay in relation to such purposes as recapturing previous moods and consolidating the participants' grasp of changes achieved in therapy, 4) some examples of what patients learn by watching post-session replays and 5) some generalizations about what the therapist may learn from patients' reactions to themselves..." (Abbreviated Author Abstract)

Boin, Jerome K.
Closed-Circuit Television Used in Boston Emergency Care Experiment. U.S.Med., April 1, 1969, p. 30.

Massachusetts General Hospital is now linked electronically to an emergency medical station at Logan International Airport. Closed-circuit television is transmitted by microwave to allow personnel at the emergency station to consult with physicians at the hospital and to show them patients. This communication system allows the physician to make a "long-distance" diagnosis and suggest treatment, or to make a judgement in cases where hospitalization is indicated.

It is reported here because of its implication for psychiatric consultations for mental health centers. Microwave transmission can be beamed over considerable distances, and thus several mental health centers could probably utilize the same group of psychiatrists for consultation, patient interviews and the like.

The cost of the Boston installation was $90,000, financed from a PHS grant.

Browne, Duff, Mary H. Smith
The Investigation, Development, and Dissemination of Procedures and Techniques Helpful to Interinstitutional Use of Television and Related Media; report to U.S. Office of Education. Atlanta, Ga., Southern Regional Education Board, Dec. 1967. 79p. (Proj.No.OE-5-16-020).

This SREB report addresses itself to the problems inherent in and the feasibility of inter-institutional development and use of recorded instructional materials on a regional basis. Administrative requirements for the operation of such a program, curriculum problems, and the establishment of media standards receive attention.

Innovative approaches to the use of media in teaching are discussed; these were developed by inter-institutional faculty committees in several major subject areas. Psychiatry was one of these, and an outline for an instructional series of videotapes in this area is part of the report. Recommendations include a well-annotated videotape library of patient materials, to be used for teaching purposes. A proposed classification system for tape segments was tested. The final product might be an "audio-visual textbook of psychiatry".

Bryant, Edward L.
The Use of Videotape to Train Patients for Job Interviews. J.Fort Logan Ment.Hlth.Ctr.5:43-49(1967)

An interesting application of television is found in this description of activities at the Fort Logan Mental Health Center in Denver, Colorado. Patients' rehabilitation to prepare them for holding jobs successfully includes the use of videotaped interviews. A four hour session instructs them in the basic skills of applying for a job, how to fill out an application, how to "sell" themselves, good grooming and the like. The second four-hour session is videotaped and the patient actually "applies" for two different jobs during that period. Replay of the videotape is viewed by patient and interviewer and mistakes are corrected via role playing and

instruction whenever necessary. Positive reinforcement is given whenever the patient does particularly well.

Of the thirty-six patients who completed the program, 75% obtained jobs. Some of these had been considered unemployable. The author feels that more time spent videotaping and replaying interviews and the use of videotaped examples during the first four hours of instructions would enhance the program substantially beyond the considerable success it has already achieved.

Codling, David
Here's the Story on Video Recorders. Canad.Hosp.46:31-33(1969, pt.I)

Describes 1" and 1/2" videotape recorders and makes comparisons. Good brief technical explanation of what to look for when purchasing equipment.

Czajkoski, E. H.
The Use of Videotape Recordings to Facilitate the Group Therapy Process. Int.J.Group Psychother.18:516-524(1968)

The use of videotape recording and playback of a therapy group at the Florida Federal Correctional Institution is described. Inmates volunteered to be part of this group; five were chosen. The equipment was undisguised and was operated by the therapist himself at first; later a graduate student, familiar with the group process and sensitive to the need to record verbal as well as non-verbal communications operated the cameras.

After a brief warm-up period, the group was recorded for one hour; short segments were played back next, and a discussion period usually followed. It was found that the presence of cameras was not an inhibiting factor for the group, and playback and discussion substantially enhanced the therapeutic value of the sessions. The presence of the equipment tended to motivate the group to spend their hour in more meaningful discussion; several members commented that trivial matters should not be discussed while the equipment was running. The videotape technique appeared to foster cohesion and deeper emotional involvement in the group.

Danet, Burton N.
Videotape Playback as a Therapeutic Device in Group Psychotherapy. Int.J.of Group Psychother.19(4):433-440(1969)

The author here evaluates clinically the impact of videotape playback on psychotherapy groups, one of which received playback, the other one did not (See Danet, J.Consult.Clin.Psychol., in press).

Groups consisted of students at the University of Minnesota Mental Hygiene Clinic. It was found that the group receiving playback expressed feelings more strongly earlier in the series of sessions than the control group. The taping itself affected group members very little. Playback was beneficial in making denial difficult and confronting participants with reality, their true self-image. The group as a whole showed increased cohesiveness, and the experience of confrontation became more profound as time went on. In some cases, reaction was negative and group members withdrew from group participation.

Danet, Burton N.
Witnessed Group Therapy on Television: Therapeutic or Not? Amer. Psychol. 23: 759-761(1968)

This brief article is a critique of Shostrom's on presenting group psychotherapy sessions over commercial TV (Am. Psychologist 23: 207-209(1968). Danet points up the inherent danger in controlling the audience since there is no way of assessing how viewers deal with the material presented. He contends that proper follow-up under professional guidance is necessary to make viewing a meaningful experience. He cites Stoller's "focused feedback" as an example of how the experience may be made more meaningful (Stoller has used "open broadcasts" to patients at Camarillo State Hospital in California).

Danet found in some of his own studies that videotape playback of group therapy sessions can actually disrupt the group's function, if not properly timed and conducted. He advises more controlled research to assess the effect of videotape playback on group psychotherapy sessions.

Dramatic Start Launches Tele-Psychiatry Program.
MGH News 28(7): 1,4-5(1969)

Massachusetts General Hospital has established a clinic at Logan Airport to offer whatever medical aid is needed in that location. Via two-way television hookup, the clinic is linked to the hospital, where doctors are available at hours during which the clinic cannot be staffed by physicians. About 1,000 patients were examined and helped by this service, called 'Tele Diagnosis' in a period of fifteen months. Part of the use of this service has been psychiatric. Dr. Thomas Dwyer, a psychiatrist at MGH, although doubtful at first about his ability to establish rapport with the patient, soon found that this ability was in no way diminished by his "seeing" the patient via TV. Extension of Telediagnosis to another hospital is now planned; and most of the new service will deal with psychiatric cases. Dr. Dwyer feels that many patients who would not be willing to seek psychiatric help because of the stigma attached, would avail themselves of such help if it were given via TV in a location other than a psychiatric clinic or ward.

Ekman, Paul, Wallace V. Friesen
A Tool for the Analysis of Motion Picture Film or Video Tape. Amer. Psychol. 24: 240-243(1969)

A method has been developed at the Langley-Porter Neuropsychiatric Institute in San Francisco to index videotaped and filmed material, using a computer. The "VID-R" system provides a permanent visual record, readily accessible, which can be viewed at slow speed; normal speed and fast forward speeds may be used to locate a particular "frame" or segment quickly. The innovation used in this system is that a direct interface has been built between the VTR and a small computer, (PDP-8), which allows digitized information to be placed on the videotape which can then be read and interpreted by the computer. A teletype terminal provides input and output, and programming controls all electronic functions of the VTR. All work is

done from videotape, even though it may have originally been on film, (a film-to-video transfer chain is used). Some loss of definition occurs at slow scan since some of the lines are lost.

Ekman, Paul, Wallace V. Friesen, T. G. Taussig
VID-R and SCAN: Tools and Methods for the Automated Analysis of Visual Records, in (Gerbner, George (and others), The Analysis of Communication Content, New York, Wiley, 1969), pp. 297-312

This system, developed at the Langley-Porter Neuropsychiatric Clinic, is one of the few described in the literature as indexing videotapes at fast, normal, and slow speed, and placing indexing data on the edge of the tape itself. A PDP-8 computer is interfaced with the videotape recorder, with an ASR 33 teletypewriter as input-output device. Programming controls all electronic functions of the VTR. All indexing is done from videotape; a film-to-tape chain is used to transfer filmed material onto tape.

Tape may be viewed as "frames", each frame lasting 1/60 of a second. Some loss of definition occurs at this slow speed. The indexing consists of analysis of non-verbal behavior only. By means of a code, specific gestures are described, digitized and placed on the edge of the videotape containing the visual record. Once a group of tapes has been thus indexed, specific examples can be located quickly and placed on a clean tape for demonstration purposes.

SCAN classifies all observable body and face movements. Its output is used to analyze frequency of a particular movement and its duration. This data can then be used to arrive at some conclusions as to patient's progress in therapy, amount of dysfunction present and the like.

VID-R may be used in programmed instruction to illustrate certain teaching points which can be pinpointed quickly and included in a visual presentation as well as a lecture-demonstration.

The absence of a way to index audio in this system makes it of limited use to those wishing to compress videotaped patient material. The procedures outlined are, however, of great importance in the development of access methods to visual records.
(See also description of VID-R in Am.Psychologist 24:240-243(1969)

Enelow, Allen J., Leta McKinney Adler, Murray Wexler
Programmed Instruction in Interviewing; an Experiment in Medical Education. (Unpublished paper). Univ. of Southern Calif. School of Medicine, 1966(?) 7p.

Describes programmed learning, utilizing videotapes for teaching interviewing techniques. Students are given choices of three alternate approaches to each situation; videotape is used to show both "wrong" and "right" approaches and their results. At the time the paper was written, evaluation was still underway but preliminary results showed the technique to be a successful one.

Gaitonde, M. R.
New Psychiatry Teaching Method: A Technique for Teaching Interviewing Skills. J.Kansas Medical Soc.65:121-124(1964)

A technique for teaching interviewing skills to medical students

is described, as developed at the University of Kansas Medical Center, Department of Psychiatry. Students observe a series of psychotherapeutic interviews via closed circuit television. The psychiatrist calls to the students' attention particularly meaningful events during the interview via a buzzer, silent to the patient, but audible to observers, and recorded as a beep on videotape. One buzz indicated verbal behavior, two buzzes note non-verbal communication.

The psychiatrist discusses the interview with the students later, utilizing videotape, and the beep signals to remind him of important events. The method allows a therapist to demonstrate theoretical considerations, (instances when his particular psychotherapeutic orientation is in evidence), points out particularly significant events, such as the use of prolonged silences, non-verbal communication by the therapist and the like.

Geertsma, Robert H., Ronald S. Reivich
Auditory and Visual Dimensions of Externally-Mediated Self-Observation.
J.Nerv.Ment.Dis.148:210-223(1969)

"Forty psychiatric inpatients with various diagnoses were divided randomly into four groups of 10 Ss each and then given a brief standardized interview, which was videotaped. The day after the videotaping, the patients were shown one of four different types of playback of the recorded interview: 1) audio and video; 2) audio alone; 3) video alone; 4) neither audio nor video. Cognitive and affective measures were obtained before and after the playback. Results suggested that self-relevant information mediated via the auditory channel was contextually richer, more effective in eliciting cognitive and affective changes in Ss and more consonantly apprehended than information channeled visually.

After self-observation under the unstructured playback conditions of this study, the Ss responded for the most part with effective intrapersonal defensive operations that resulted in decreased dysphoria scores, increased positive attitudes toward the experience (as evidenced by questionnaire responses) and positively valued (socially desirable) self-perceptions. The possibility was raised that defensive processes differ with respect to input channel conditions and that such defensive maneuvers may operate less effectively (or are qualitatively different) under the video situation. There was evidence that either audio or video alone tended to increase sensitivity feelings and that both of these conditions may have been perceived of as an artificial situation.

Although it is advisable that playback of audio alone (particularly) and video alone be included as controls in certain kinds of externally mediated self-observation work, the greatest impact and meaning to the observer from self-observation may be expected to come from audio-video playback conditions. The interrelationship of audio and video information poses problems of interstimulus and perceived self-dissonance effects. In order to avoid defensive attention to the audio alone or other forms of selective inattention, the playback situation should be manipulated and structured in order to promote the dissonant perceptions presumably needed for cognitive change, affective impact and, possibly, personality reorganization." (Author Abstract)

Geertsma, Robert H.
Studies in Self-Cognition: An Introduction. J.Nerv.Ment.Dis.148: 193-197(1969)

Geertsma, in his introduction, sets the tone for this excellent series of articles by raising some important issues. He defines his terms: "Externally - Mediated Self-Cognition" is chosen as the all-encompassing term to describe a situation which has been variously called: "Self-Image Experience," "Focused Feedback," "Self-Confrontation," or "Self-Observation." The common denominator for all ot these is the psychological effect on the subject of observing himself.

Legal problems are discussed next: Playback of patient behavior outside his immediate area of control raises serious questions. Could such a record be subpoenaed? As yet, such has not occurred, but the possibility exists. Written consent is usually obtained from each patient; however, the playback situation is not always known in advance. Too, the question arises whether or not a videotaped therapy session constitutes part of the patient's clinical record, with all the usual safeguards of confidentiality being observed. Is it privileged communication or is it not? None of these questions have been answered thus far, and Geertsma observes that some of the professional societies should address themselves to a possible solution soon.

The last part of his introduction deals with the articles themselves, most of which are of a descriptive nature, while a few demonstrate methods of measurement. Geertsma concludes that self-cognition work has advanced from the purely experimental stage to one where more precise measurement is both necessary and possible. Clinical applications of self-cognition may run far ahead of the scientific understanding which should underlie their application. There is a danger that the confidence of the medical community would be undermined by a non-scientific, purely intuitive use of the technique. A picture of what has been done and what is possible will emerge slowly and it will take a great deal of communication among practitioners to achieve this.

Gergen, K. J.
Self Theory and the Process of Self-Observation. J.Nerv.Ment.Dis.148(4): 437-448(1969)

Although not dealing with television and videotape per se, the author raises several important questions about perception of self-image which may be studied by various means including television. A patient's concept of himself as "weak", for example, may be changed by directive and non-directive methods employed by the therapist. Self-observation via recording device would provide a large pool of data on any individual from which those items could be chosen for showing to the patient which would reflect his positive qualities, rather than those conceived by himself as being "bad". His self-concept could thus be replaced by a new and better one. Too, the patient would be aided in analyzing specific actions or events in light of the realities of a given situation rather than his conception of it. Dangers of over-systematization, and thus reduction of the therapeutic encounter are mentioned; the techniques described are suggested as adjuncts rather than replacements for the therapeutic interview. Another danger, that of assuming that the patient's emotional experience is an uncharted area and that only

categorization would result in an identity for him is mentioned. Only certain ways of categorization have merit, others do not.

Gottheil, Edward, Clifford E. Backup, Floyd S. Cornelison
Denial and Self-Image Confrontation in a Case of Anorexia Nervosa. J.Nerv.Ment.Dis. 148: 238-250(1969)

"If self-image confrontation is a useful therapeutic tool in combating denial, it should be maximally effective in a condition such as anorexia where, in addition to disturbances in body concept, the visible changes in body structure are so clearly evident.

The patient in the case study presented here was followed in psychotherapy by one psychiatrist concurrently with self-image experience (SIE) sessions conducted by a different psychiatrist. During the course of 16 months of hospitalization, 54 SIE sessions were held. During each she was first shown sound motion picture films of herself responding and reacting to a brief, standard interview, and then she was asked a standard set of questions about her feelings in regard to the film sequences.

Despite two serious setbacks in the 4th and 7th months of her hospitalization, the patient's weight increased, she recognized some of her problems, and her plans for the future became more realistic.

In the SIE sessions changes occurred in her attitudes toward her image on the screen and toward the procedure. Initially she continued to deny the evidence in the films about her condition. Later, however, her satisfaction gave way to disinterest and boredom, and then she became hostile to the procedure and rejecting of her image. Nevertheless she did not discontinue the sessions. Eventually she became able to take a more objective view of herself; to see both positive and negative features in the film; and to respond to aspects of her performance other than her physical appearance alone. Toward the end of her hospitalization, she was doubly shocked to see how terribly thin she had been earlier and how indifferent she had been to her condition. Her body image had changed, so that thinness became ugly rather than comforting to her.

The changes in self-image which took place slowly against a great deal of resistance appeared to be associated with the continued and repeated self-image confrontations. These changes are discussed in the paper within the framework of a theory of self-consistency." (Author Abstract)

Haworth, M., F. Menolascino
Videotape Observation of Disturbed Young Children. J.Clin.Psychol. 23: 135-140(1967)

At Nebraska Psychiatric Institute play interviews with disturbed children were videotaped for in-depth analysis. Interviews were carefully structured and were 10-15 minutes long. Multi-event pen recordings were used to record data, as well as a behavior and mannerism checklist. Two viewers usually watched videotaped interviews. Agreement was high between both. The procedure was developed as an aid in diagnosis for young, non-verbal children. Tapes can be played as often as necessary, as opposed to a live interview where immediate conclusion must be drawn. Intra- and inter scorer reliability was high.

Hogan, P., Ian Alger
The Impact of Videotape Recording on Insight in Group Psychotherapy. Int.J.Group Psychother.19:158-164(1969)

These two well-known protagonists of television applications to private psychiatric practice and group psychotherapy concentrate here on insight gained by participants through seeing themselves on tape. Patients become attuned to recognizing double-bind situations, to their sometime inability to perceive the correct message sent out by another group member, unexpressed thoughts visible through facial expressions, and general unawareness of one's own and others' feelings. They give brief clinical examples for each situation described and draw the conclusion that when the patient can see himself objectively, he can decide to change, based on his own observation - the change is not imposed on him by someone else.

Holzman, Philip S.
On Hearing and Seeing Oneself. J.Nerv.Ment.Dis.148:198-209(1969)

"Self-confrontation by audio- and videotape has been used in a variety of contexts. Most reports stress its salutary effects on learning and in achieving objectivity toward oneself. An analysis of the procedure stresses the perceptual aspects of the situation. Laboratory experiments strongly suggest that personality qualities are mediated by expressive behavior and these peremptorily confront a subject in the self-confrontation situation, thus momentarily deautomatizing his typical defensive stance toward himself. The method thus widens the realm for self-exploration. Therapeutic use requires integration of the method within a technique of psychotherapy, for it cannot be considered a method of therapy by itself. Evaluations of its effects and effectiveness in psychotherapy are called for." (Author Abstract)

Kagan, N., P. G. Schauble
Affect Stimulation in Interpersonal Process Recall. J.Counsel Psychol. 16:(4):309-313(1969)

Clients at Michigan State University are confronted with films which encourage them to simulate interpersonal relations. Client and film are videotaped while the client watches. Videotape is then played back while a counselor watches with the client. The counselor, trained in the Interpersonal Recall technique (IPR) helps the client examine his reactions to the film. Certain of the client's physical functions may simultaneously be recorded also, and are replayed. The client's videotaped behavior becomes the focal point for a personal counseling session. Potential applications to an accelerated therapy process are discussed.

Kagan, Norman, Paul Schauble, Arthur Resnikoff, Steven J. Danish, and David R. Krathwohl
Interpersonal Process Recall. J.Nerv.Ment.Dis.148:365-374(1969)

"The interpersonal process recall (IPR) method uses stimulated recall of videotaped interactions to facilitate therapy and counselor training. Recall sessions are conducted by a clinical "interrogator" who helps the client examine the underlying dynamics of his interaction with the counselor. The development, role and training of this "interrogator" are described.
The value of the IPR method in accelerating client progress in counseling and basic considerations in regard to its application are discussed." (Author Abstract)

Kaswan, Jacques, Leonore R. Love
Confrontation as a Method of Psychological Intervention. J.Nerv.Ment.Dis. 148:224-237(1969)

"The confrontation procedures described here require that the participants---parents, teachers, children, counselors or anyone else who wishes to deal with an interpersonal problem---observe and evaluate overt, concrete aspects of behavior in interpersonal perceptions. These procedures were one of three interventions applied to emotional and behavior problems of elementary school children. The other interventions consisted of brief child psychotherapy and parent counseling. Over a 2-year period, 30 cases were seen in each intervention group. The sample covered a wide range of socioeconomic backgrounds.

Videotapes, which were an important part of the confrontation, were obtained in a waiting room during the families' initial visit to the clinic. ...

In the confrontation, each family member individually viewed five to six brief sections of the videotape and rated each of the persons interacting in each scene (e.g., Helen's behavior in relation to the father). The rating instrument used was an adjective rating scale with known reliability and validity. Later, the family members were shown profiles of their own ratings and also profiles of ratings of the same material made by trained observers. Similarities and contrasts emphasized by the graphic patterns in the profiles, particularly when seen in conjunction with concurrent replay of videotapes, stimulated evaluation and exploration of the behaviors by the participants themselves. The consultant served as a technical resource whose function was to present the information obtained as clearly, concretely and objectively as possible. He refrained from interpretations, suggestions or advice.

Preliminary results indicate that the feedback (confrontation) group generally showed more improvement on both of these measures as compared to cases who were seen in either psychotherapy or parent counseling....

The conceptual background of the approach rests on the assumption that 1) physical and psychological characteristics of the current environment are important determinants of behavior, 2) perceptions, including interpersonal perceptions, are generally accurate, if partial, representations of the environment and 3) behavior can often be modified by increasing the range of information about the environment to which the individual can respond." (Abbreviated Author Abstract)

Kubie, L. S.
Some Aspects of the Significance to Psychoanalysis of the Exposure of a Patient to the Televised Audiovisual Reproduction of his Activities. J.Nerv.Ment.Dis.148:301-309(1969)

"Potentially, the image of one's self has visual, auditory, olfactory, gustatory, tactile and kinesthetic components. Not all of these are equally accessible to conscious introspection. Not all are reproducible... But a ... reproduction of the image of self would include all these modalities ... on all levels: i.e. conscious, preconscious, unconscious."

Effects of verbal descriptions would be compared with direct perception of self-image by one or more of the above modes. The boundary between the "I" and the "Non-I" world could be explored.

The author cites an example of an analyst subjecting himself to a TV camera

and immediate playback, free-associating before the camera and observing the effect of this on his self-image. He perceives this as a powerful therapeutic technique, to be applied with caution until much more is known about the effects.

Lawrence, S. B.
Videotape and Other Therapeutic Procedures with Nude Marathon Groups. Amer.Psychol.24:476-479(1969)

The author conducted a 24-hour marathon in California with a group of volunteers, most of whom had had experience with psychotherapy, either as therapists or clients, but none had had experience with nudity. It was found that initial anxiety about nudity was quickly overcome, and the group proceeded to verbal encounters. Several opportunities were given all participants to view themselves via videotape playback. Initial reaction to one's perception of self was often startling to group members; it was found that they focussed on negative aspects of body build, effects of aging, etc., while the group as a whole saw individuals from a more positive viewpoint. Increasingly, an individual became aware of positive points about himself. There was no evidence of sexual arousal as the group viewed each other and interacted in a casual, normal way, and in fact sexual arousal was viewed by the group as inappropriate to the purpose of the marathon. Casual physical contact, however, was spontaneous and frequent throughout the 24 hour period. The author concludes that nude psychotherapy and the use of videotape playback can be useful in certain settings and with certain clients as a means of increasing of sensory awareness and nonverbal physical techniques.

Lazarus, H. R.
Soap Opera Therapy. Int.J.Group Psychother.17:252-256(1967)

A technique of teaching "difficult" patients (those with severe psychophysiological problems, another group with character disorders with acting-out behavior, and certain boderline schizophrenics) was developed at Marquette University, utilizing "Soap Opera" commercial television programs. Groups of patients watched for fifteen minutes, then discussed certain characters appearing in the segment. This procedure had as its purpose to draw the patient out, to have him identify with the soap opera character in terms of his own experience, and to stress emotional expression. By the seventh session, patients had progressed dramatically to the extent that "Soap Opera" was no longer needed to stimulate discussion. As a consequence of this treatment method, they became more aware of their problems, were able to verbalize them and could express their feelings much more successfully. Success is attributed to the fact that the patients were emotionally involved in the story but their defenses were not threatened as they might have been by confrontation with their own behavior; the group sharing legitimized the story as a topic for discussion, negative countertransference feelings were minimized. The skillful therapist, knowing his patients' problems, can readily make the necessary interpretation of soap opera characters in terms which apply to his patients.

Lindsley, Ogden R.
Direct Behavioral Analysis of Psychotherapy Sessions by Conjugately Programed Closed-Circuit Television. Psychother.Theory Res.Pract. 6(1):71-81(1969)

"Conjugately programed" CCTV links patient and therapist together via electronic means and records both their responses to each other. Patient must depress switch to see and another to hear therapist who is located in another room. By recording patient's response rate to varying kinds of therapy and different therapists, much may be learned about what kind of therapy is particularly useful for a given patient, and who can interact with him most successfully. Applications to treatment and research are many; moment-to-moment changes in the patient's interest are measured, outside stimuli are minimized by isolating both patient and therapist, and a continued use of this method has shown that results are even more reliable, the longer this kind of interaction continues. Distortion is minimal, both therapist and patient adjust very quickly to this technique.

Merril, Irving R., Ruby B. Yaryan (and others)
Effectiveness of Motion Pictures at Different Stages of Learning History-Taking. J.Med.Educ.44:595-600(Jul 1969)

This article deals with motion pictures only, but is presented here because some of the points made are equally applicable to television.

The authors experimented with various camera angles in filming patients for student instruction. Eight different film treatments of a patient history-taking session were presented at two different stages of learning. There were four different camera placements and two aspects of visual information. Students were chosen from two different medical schools and were carefully matched between control groups and experimental groups.

Findings showed that there was no difference in learning when viewing visual material at different camera angles, but that the time at which visual material was introduced in the course was a significant factor in learning. Abstract material was found to be most successfully used at the early stage of the course while visual material lent itself to presentation later in the course with much more promise of greater learning achievement.

Milnes, Bridget
Medical Communications - A Legal Dilemma? Health.Sci.TV.Bull.6(3):1-6(1969)

Miss Milnes of the University of Colorado Medical Center addresses herself here to a topic which has received increasing attention recently, that of patients' rights and physician responsibilities when presenting material, heretofore considered confidential, via audiovisual media. The law is clear on several points. Patient material may not be shown in any commercial venture, such as an advertising film or the like. Some states provide protection for the patient in the courtroom; disclosures may not be made on the witness stand which could violate a patient's privacy.

Written consent must always be obtained and no patient material may be shown without his consent in writing. Even then it should only be shown to professional audiences, under carefully controlled conditions. It appears that some patients can tolerate the thought that others may be

seeing material which reveals their innermost thoughts and feelings, while others cannot. It is possible to allow the patient a choice of consent forms: one that would allow free use of the material, even for commercial broadcasting purposes, another which would insure that only professional audiences would see the material, and a third, which would be restrictive in that it allowed the material to be used only for training purposes.

The physician has some protection under the law when he can show that there were overriding reasons why he disclosed privileged information, (such as preventing the spreading of disease), that is, when the public interest demands it. Nor will he be held liable if he was required by law to divulge the information and did not do so maliciously.

Moore, Floy Jack, Edward W. Bird, Robert C. Cotton
Television Advances in Therapy and Training. Ala.Mental Health 20(10):1-3 (1969)

This article presents a brief history and an overview over current TV activities in the Department of Psychiatry, University of Mississippi Medical Center. It describes past applications to teaching, research and patient care as well as the current two-year project which has as its goal the evaluation of television and videotape for mental health training. Particular emphasis is given to research in the development of an editing and indexing system for the large library of psychiatric videotapes presently housed in the department. Other highlights include descriptions of a study which showed that patients could be rated as to degree of pathology seen live as well as on videotape, with no significant differences in ratings. Speeded up recovery of a group of patients subjected to TV confrontation is described. Physical resources of the TV facility are described and an explanation of their development is given.

Moreno, J. L.
Television, Videotape and Psychodrama. Amer.J.Psychiat.125:1453-1554(1969)

This is a letter to the Editor in response to Goldfield's article: "The Use of Television Videotape to Enhance the Therapeutic Value of Psychodrama." (Amer.J.Psychiat.124:690-692, Nov.68) Dr. Moreno takes issue with the authors on several points. He feels that to make an essentially private session, even within a group setting, available to outside viewers can be potentially damaging to the patient thus exposed. Should the audience consist of lay people, the patient's friends may see him revealing intimate details of his personal problems. When role playing is used, the subject thus portrayed may even sue. He feels that it is essential to allow the audience to communicate with the therapist throughout the time viewing takes place to clear up misunderstandings before they lead to more serious consequences.

Nathan, P. E., P. Schneller, O. R. Lindsley
Direct Measurement of Communication During Psychiatric Admission Interviews. Behav.Res.Ther.2:49-57(1964)

A technique was developed by the authors and applied at a large state hospital to assess patient response to the therapist via television and audio contact. Patient had to manipulate two hand switches to remain in contact with the therapist while the therapist manipulated one, the video switch, to

remain in contact with the patient. Responses from both were recorded on separate counters and cumulative recorders and showed as a series of sharp peaks and downward lines. (When the patient did not respond, this was expressed by a sharp downward line). The findings were that the more severely disturbed the patient was the less he managed to remain in contact, e.g. he did not respond or responded very little. If the patient was in good social contact on the ward he also managed to push his buttons on a regular basis.

This method can be used to measure sensitivity of therapist to patient during an admissions interview where contact with a patient has not been established previously. It can also measure correlation of patient's degree of disturbance with his response to therapist. It was found that both patient and therapist adjusted very quickly to the manipulation of buttons required to maintain contact, and this did not interfere with the progress of the interview.

The method developed is considered useful to train new therapists by providing them with the immediate feedback on the effect of their behavior on their patients. It could gauge progress in psychotherapy, and supervision, by reflecting an increase or decrease in subject's response rates through several sessions. It might also allow the early assessment of a prospective therapeutic relationship, that is, its chances of success, based on the pattern and frequency of response produced by the participants.

Nathan, Peter E., Stuart Smith, A. Michael Rossi
Experimental Analysis of a Brief Psychotherapeutic Relationship. Amer.J.Orthopsychiat.38:482-492(1968)

The operant procedure TRACCOM was used to perform an experimental analysis of thirteen psychotherapeutic sessions between a psychiatrist and his patient. TRACCOM measures operant communication behavior by placing therapist and patient in separate rooms and by allowing them to see and hear each other only when a hand switch is pressed. The rate at which the hand switch is pressed determines the brightness of the picture and the loudness of the audio. Rate of pressing the switch is monitored and recorded continuously.

Operant responding closely paralleled subjective evaluation of the therapeutic relationship as measured by questionnaires completed by both patient and therapist. Overall response rate increased during the first six sessions; an outside event caused both partners' communication to drop off sharply after this, particularly that of the therapist. TRACCOM is considered useful as an adjunct to subjective evaluation of therapy relationships.

Nathan, Peter E.
"Transmitting" and "Receiving" in Psychotherapy and Supervision. Amer. J.Orthopsychiat.35(5):937-952(1965)

Another of the several articles on the operant procedure TRACCOM, (conjugately programmed closed-circuit television), this one describes an application with nursing students and a psychiatric nursing supervisor. TRACCOM is designed to test the validity of the assumption that 'process change' can be measured by physically separating therapist (in this case

the nursing supervisor) and students, thus recording each one's response separately. Communication is split, physical response via foot switches to one another is an index of communication.

Findings were as expected: Subjects communicated at higher rates (more intensely) with persons with whom they shared a meaningful relationship, less intensely with those not sharing this kind of relationship. Receptive communication rates remained stable, while transmissive rates increased or decreased according to the intensity of the relationship. It was thus shown that communication can indeed be separated into these two discrete activities which are separately measurable.

A New Tool in Psychiatry: Videotape Confrontation.
Roche Medical Image 11:20-23(1969)

Dr. Harry Wilmer's work at the San Francisco Medical Center and the Langley-Porter Neuropsychiatric Institute in San Francisco is described. Dr. Wilmer, chief proponent of the use of undisguised cameras with psychiatric patients, used a number of techniques to enhance the psychiatric interview. Besides recording therapy sessions between doctor and patient, he also encouraged patients to "talk to the camera" in a fifteen-minute monologue. He feels that this monologue, free from intervention by another person, presents some aspects of the subject's difficulties better than the usual interview situation. Group therapy sessions are first recorded, and then played back to the group; the playback is also recorded so that patients may watch their reactions. Dr. Wilmer does not feel that the videotaped interview is the same as a personal encounter, but that it serves to record the patient as the eye sees him, free from distortion, "the self-conscious state".

Onder, James J.
The Manual of Psychiatric Television; Theory, Practice, Imagination.
Ann Arbor, Mich., Maynard House Pub., 1970. 144p. $6.25

Dr. Onder has produced the first comprehensive manual for those interested in television applications to psychiatry. He surveys early uses of television in various institutions, and clearly indentifies what television can and cannot do. Uses for teaching, resident supervision, and therapy receive considerable attention. Self-confrontation is described on both a theoretical and practical basis. Staff uses are described, including long-distance two-way consultations, closed-circuit programs on the ward, and both verbal and non-verbal communication.

The effects of television on therapist and patient receives attention, and there is a section on protecting patient privacy. An excellent chapter on production techniques includes camera work, audio and editing techniques, and the like.

In his conclusions, Dr. Onder discusses a need he identified in the course of his study of the field: that of having a coordinator on the staff who provides the bridge between professional psychiatric personnel and technicians.

Suggestions for research include investigation of how visual materials affect the learning process, how various camera techniques affect what is seen, and what measuring instruments can be developed to determine how much is learned from the teachers' use of videotaped patient material.

Further suggestions include research into the effectiveness of providing therapy by a two-way television system, its use in postgraduate education, and the use of the medium itself as a major tool in psychiatric research.

An extensive bibliography is appended. It is somewhat inaccurate in that certain authors cited in the main body of Onder's work do not appear in the bibliography. The absence of an index makes the book less useful than it might be otherwise. However, it is certainly a valuable addition to any psychiatric department library where television is used and is a must for all health science libraries.

Oswald, Ida M.
Through the Looking Glass: Adventure in Television. J.Soc.Work 1:45-55(1965)

At the School of Social Work, University of California, Berkeley, television is being used to provide social workers with examples of experienced personnel at work. Particular emphasis is on new concepts in social work, experimental practices and the like. An NIMH three-year grant provided the means by which written, audio and video records for teaching social work methods were assembled.

The PROCESS of social work received particular emphasis, since some material was already available on problem identification, duties and responsibilities of social workers, and end results of their work.

Actual situations were videotaped in locations away from Berkeley wherever particularly competent personnel was located.

Some of the difficulties encountered in working with TV personnel and in providing mutual understanding of problems are described. Too, some anxiety was encountered among social workers about to be televised, both concerning their own performance, (which they thought should be par excellence) and the possible harmful effect on their clients.

It was found that having real life situations on videotape appeared to have a greater impact on those exposed to this material than scripted, acted versions. The reality of a situation with its inherent inscrutability demands from the viewer a good deal more than a packaged product. He is challenged to ask "why?" and "what next?", when confronted with an essentially unpredictable outcome.

The use of videotaped material is considered an important adjunct to social work teaching at Berkeley.

Paredes, Alfonso, Edward Gottheil, Theodore N. Tausig, Floyd S. Cornelison
Behavioral Changes as a Function of Repeated Self-Observation. J.Nerv. Ment.Dis.148:287-299(1969)

"Three groups of hospitalized psychiatric women patients were exposed to three experimental situations. The first group saw videotaped recordings of themselves in biweekly scheduled sessions, the second group saw audiovisual recordings of another person and the third group was not shown any recordings.

It was predicted that the first group would show greater clinical improvement and increased feelings of self-acceptance and enter into a closer relationship with an interviewer.

A battery of evaluation procedures was administered at the beginning and at the end of the series of exposures. The battery included indicators of clinical improvement, measures of self-acceptance and measures of interpersonal relationships.

The psychiatrists who conducted the viewing and videotaping sessions observed striking reactions in those patients who saw their own videotaped recordings. These patients seemed: a) to become aware of negative feelings about themselves; b) to experience a decrease in these feelings and become more self-accepting as the sessions progressed; c) to enter a closer relationship with the interviewers; and d) to disclose personal items more readily.

The psychological test data did not confirm the clinical impressions. Statistically significant differences were not found among groups along the dimensions measured by the test battery. A comparison of our subjects with a control group of female patients meeting the same criteria, but not involved in this study, revealed no significant differences in clinical outcome or number of days spent in the hospital. Thus our study offers no evidence that these procedures are necessarily either helpful or harmful."
(Author Abstract)

Paredes, Alfonso, Karl D. Ludwig, Irwin N. Hassenfeld, Floyd S. Cornelison
A Clinical Study of Alcoholics Using Audiovisual Self-Image Feedback.
J.Nerv.Ment.Dis.148:449-456(1969)

At the Jefferson Medical College in Philadelphia, Dr. Paredes and others have studied the effect of filmed confrontation on alcoholic patients. Although the medium is film, the findings should be equally applicable to television, and are therefore reported here.

Three groups of alcoholic patients were filmed while drinking a measured amount of 4 ounces of vodka with lemon or lime juice. Each segment lasted 11 minutes. A week later, they were shown the films and their reactions were recorded on audiotape.

Three different patterns of behavior were observed. One group waited until the observer left the room before beginning to drink, some of them reluctantly, and avoided looking at the glass. Another group was suspicious, examining the glass carefully before drinking, and some expressing displeasure after drinking. A third group drank quickly, even before the interviewer had finished giving instructions.

The effects observed after drinking were uniformly negative; subjects were sad, fearful, anxious or angry. Questions asked during the filmed interview probably had much to do with this reaction. Much significant non-verbal behavior was observed, and considered highly significant by observers.

On seeing the film, most subjects reacted negatively to their appearance, expressing uniformly low self-esteem.

Findings reinforced previous research showing that no appreciable increase in craving alcohol was induced by the administration of it to the patients, that their anxiety level did not decrease, and that no euphoric effect was observable.

Certain attitudes were adopted by patients during the interviews: The consultative-receptive, permitting disclosure of personal data; the polite-impersonal, which tends to suppress material, and the casual-impersonal, which minimizes the role of the interviewer and fails to disclose significant information.

The authors feel that the experiment showed significant value for self-improvement, and for developing a better therapeutic relationship.

Paul, N.
Self and Cross-Confrontation Techniques via Audio-and-Visual Tape Recordings in Conjoint Family and Marital Therapy. Paper presented at 45th Annual Meeting, American Orthopsychiatric Association, Chicago, March 1968. 20p.

Dr. Paul describes self-and cross-confrontation techniques using an audiotape recorder. Because this technique might work equally well using videotape, it is presented here. The author describes self-confrontation in a conjoint therapy or family setting, and then goes on to define what he means by cross-confrontation. He tapes the expressed thoughts and feelings of one patient, and after careful evaluation, often plays segments to another patient or family group. In his experience with this it has become apparent that it aids patients in recognizing their own perceptual blocks in recognizing their own roles in the family. Patients tend to identify with the taped patient's feelings and thoughts and this often brings out their own hitherto unrecognized feelings of a similar nature. This is particularly true when intense narcissistic feelings are expressed; the patient can develop his empathic capacity for different emotional states and this may aid him in relating his newly discovered feelings to the causes of family disharmony.

Perlmutter, Morton, Dorothy G. Loeb, Gary Gumpert, Frank O'Hara, I. S. Higbie
Family Diagnosis and Therapy Using Videotape Playback. Amer.J.Orthopsychiat. 37:900-905(1967)

At the University of Wisconsin diagnostic sessions of family therapy were videotaped and played back to patients and therapists. Cameras were unconcealed; interviews took place in a TV studio setting.

Playback clarified for each participant the observed difference between his concept of what he communicated to others and what was actually said. The concept of self-awareness loop is introduced, in which each member becomes increasingly aware of his interactive pattern as sessions progress, and evaluates it critically. Too, he accepts criticism by others.

Peterson, Margaret H., Fred D. Strider
Student Anxiety During Mirror Room and Videotaped Interviews. (Mimeographed, unpublished paper; abstract appeared in Health Sciences TV Source Book, 1968, p.68). University of Nebraska College of Medicine. 6p.

A study was made at Nebraska involving medical students' anxiety during both mirror room and videotaped interviews with psychiatric patients. In both modes, some students' interviews were reviewed with supervisors, while others were not. It was found that the lowest anxiety level occurred in those students whose videotaped interviews were reviewed alone, while the highest level of anxiety was experienced by those students whose mirror room interviews were reviewed with a supervisor. Findings above were for a group of students with little clinical experience. Another group, who had had somewhat more clinical experience varied considerably from the first group; their highest anxiety was reached during videotaped interviews, which were reviewed while the lowest levels occurred for those who reviewed their videotaped interviews alone, as well as those who reviewed mirror room interviews with their supervisor.

Both student groups were asked to rank the teaching value of each mode: Group I rated videotape with review highest, and mirror room not reviewed lowest,

while the more experienced group II ranked videotape with review highest and videotape not reviewed lowest. It was concluded that other factors not relating to mode had influenced the students to a considerable extent, the less experienced more so than those who had had more clinical experience.

Reivich, R. S., R. H. Geertsma
Experience with Video-Tape Self-Observation by Psychiatric In-Patients. J.Kansas Med.Soc.69: 39-44(1968)

At the University of Kansas Department of Psychiatry, 64 recently hospitalized psychiatric patients observed themselves on videotape. Twenty-six repeated the self-viewing several weeks later. Patients were given tests both before and after the experience to assess what effect self-viewing had on subsequent behavior. Videotape playback evoked anxiety in 77% of the patients, and was temporarily disorganizing for a few. The second exposure proved to be less anxiety provoking. Most comments made by the patients dealt with appearance; few made psychotherapeutically useful observations. Adolescents tended to be most critical of their television performance, while young adults were more accepting; older adults were critical to a greater extent, commenting mostly on their aged appearance. Some severely disturbed patients did not identify with their video image, but manifested a depersonalization-like response. Response patterns corresponded roughly to diagnostic groupings, each patient using his usual coping style in his reaction to self-viewing.

Reivich, Ronald S., Robert H. Geertsma
Observational Media and Psychotherapy Training. J.Nerv.Ment.Dis.148: 310-327(1969)

"This presentation aims at 1) articulating those issues and perspectives germane to the use of observational media in psychotherapy training, 2) reviewing current practices in the use of observational media and 3) presenting a model of observational interactions in psychotherapy training. Beginning with the importance of studying psychotherapy training, attention is devoted to the interference issue, the apparent but artificial polarity between process notes supervision and the use of observational media, and issues in psychotherapy training relevant to observational interactions. Following a review of the use of observational media as reported in the literature, there is presented a model for observational interactions involving the student, the student's supervisor and the student's therapy. The observational interactions discussed are therapy demonstration (the student observes an expert therapist), self-observation (the student observes himself as therapist) and supervisory monitoring (the supervisor observes the student performing therapy). Finally, the usefulness of observational media in making accessible to student and instructor the behavioral events of psychotherapy is discussed." (Author Abstract)

Reivich, Ronald S., Robert H. Geertsma
Television and Psychiatry: Observational Media in Psychiatry - the Concept of a Learning Laboratory. J.Kansas Med.Soc.70: 101-104(1969)

A psychiatric learning laboratory, now being planned for the VA hospital in Kansas City, Mo., is described. After tracing the uses of

observational media in psychiatry for the past several years, the authors note that three major uses have emerged: Demonstration (of psychopathology), expert performance, monitoring of trainees' performance by supervisors, self-observation (by trainees of their own performance under less anxiety-provoking conditions), and research and treatment applications. While various observational media have proven themselves in teaching, their research and treatment applications are yet to be tested fully.

The concept of the learning laboratory includes expert demonstration and playback-mediated self-observation. It is suggested that success of programmed instruction, language laboratories and the like indicates that a laboratory of this kind might be equally useful in the teaching of psychiatry.

The learning laboratory described includes a central AV facility, four contiguous interview rooms, a class room, convertible to group therapy uses and a conference room. The central area will have cameras, switching facilities, and specialized interface circuitry so that physiologic parameters may be traced on an oscilloscope and recorded directly onto videotape. (EEG, EKG, etc.) An inkwriter can be activated to trace recorded data onto polygraph paper. Students are able to watch physiological measures simultaneously with a therapy session. Controls in each room enable the therapist or student to record and play back; they are unobtrusive and easy to operate.

The authors state that "when and if videotape self-observation procedures become an accepted adjunct to treatment", the rooms thus equipped may be used for treatment purposes as well.

Rogers, Arthur H.
Videotape Feedback in Group Psychotherapy. Psychother.Theory, Res.Pract. 5:37-39(1968)

Discusses the values of videotape feedback on individual members of a psychotherapy group, e.g. correcting the individual's misperception of self, emotional impact on others, and misinterpretations of gestures. Recognition of individual feelings and the therapeutic process are generally enhanced by viewing on videotape what transpired immediately before. Stoller's forthcoming paper on focused feedback is discussed; Stoller differentiates between discrepant feedback (behavior leading to responses from others which the author did not expect to receive), and nondiscrepant feedback (behavior which results in expected responses). Relationship feedback, according to Stoller, is information about current interaction between two group members which is different from either participant's behavior toward other group members. Gestures are particularly important in the interpretation of behavior. What is generally outside an individual's awareness is brought into focus through viewing himself on videotape. Behavioral changes are often wrought by the recognition of inappropriate behavior through viewing it immediately after it is taped. The skill of the therapist is essential during playback to help patients assimilate new information about themselves to avoid explaining away certain behavior in a defensive way.

Ryan, James H., Stanley Budner
The Impact of Television: An Evaluation of the Use of Videotape in Psychiatric Training. Amer.J.Psychiat.126:(10):1397-1403(1970)

"Two groups of psychiatric residents participated in an educational

evaluation study. Thirty-four residents were given a televised course in neurology and psychotherapy; a "live" teacher instructed nineteen other residents in neurology and psychiatry.

Both groups were tested to determine the relative effectiveness of the two instructional programs. The television group performed better on information accumulation scales and on the acquisition of interviewing skill test; the control group better assimilated the attitudinal positions of the instructor." (Author Abstract)

The authors are careful in stating limitations of the study but conclude that TV is as good or better than "live" instruction in imparting certain skills and knowledge. While it cannot do away with "live" teachers, it is an unquestionable enhancement of the instructional process.

Sclare, A. B.
The Use of Closed-Circuit Television in Teaching Psychiatry to Medical Students. Brit.J.Med.Educ.2:226-228(1968)

Describes an experiment carried out at the University of Glasgow, (Scotland) to measure shifts of attitude and assimilation of information produced by teaching psychiatry via closed-circuit television as well as two other methods. A class of 28 medical students was divided into three groups. Pretests revealed the amount of previous knowledge held and the sources from which it was obtained. Group A was then exposed to a case study demonstration with a patient present and interviewed by a psychiatrist. Group B was shown a videotape of a patient interview, and given a resume of the case in written form. Group C was exposed to a programmed text and did not see a patient.

A post-questionnaire showed a slight shift toward a more positive attitude toward psychiatry; this change was more pronounced in Groups A and B than it was with Group C. One month later, another test was administered to test students' retention of material learned. Recall was fairly constant for Group B and C, while Group A improved its performance significantly. Conclusions were that TV is a useful adjunct to teaching of psychiatry but that the case study approach should be combined with TV to provide the live interaction and opportunity to ask questions of the patient which TV alone cannot provide.

Shackel, B.
Medical Applications of Television - A Survey. Med.Electron.Bio.Engng. 1:35-50(1963)

This article surveys uses of television in medicine up to the year 1963. While dealing with the entire field of medicine, it does treat psychiatry at some length. Much of the material used is taken from Medical-Dental TV Reference, prepared by E. W. Bird and D. A. Connolly in 1961. The review is quoted here as one of the better treatments of the field of television in medicine.

Smith, Karl U., Thomas J. Smith
Systems Theory of Therapeutic and Rehabilitative Learning With Television. J.Nerv.Ment.Dis. 148: 386-429(1969)

"This paper introduces an experimental systems approach to the theory of learning and design of rehabilitative and therapeutic procedures. In this cybernetic orientation to rehabilitative design, videotape and television training methods represent just one way of controlling sensory feedback in corrective and treatment procedures. Other methods of controlling feedback designs in training include optical, electronic, electromechanical, audiotape and hybrid computer methods for yoking sensory stimuli to response patterns.

A systems approach to rehabilitative and therapeutic design states that the primary determinants of learning are not extrinsic reinforcement and associated unconditioned stimuli, but the direct space- and time-compliant sensory feedback effects of dynamic response...

A number of lines of feedback research have been directed at evolution of the human factors in learning with cybernetic television, electronic and hybrid computer methods. One main line of study with laboratory television and videotape procedures has disclosed that dynamic, variable space and time feedback factors are critical in determining the rate and course of learning as well as the specialization of learned response. Another series of studies has indicated that the optimal conditions of learning are those in which the individual or patient can level maximal self-governed control over stimulus sources. Using a hybrid computer system to yoke sources of stimulation to movement, it has been possible to analyze learning and memory as time-encoding and time-projecting feedback and feedforward control mechanisms. Social learning and feedback control of interpersonal activity has been investigated in terms of social tracking, which has been controlled by cross-yoking the motor-sensory mechanisms of two individuals by means of cybernetic optical, electrochemical, television and hybrid computer methods. The development of social tracking in infants and children has been analyzed by some of these same social tracking methods." (Abbreviated Author Abstract)

Stoller, F. H.
The Long Weekend. Psychol.Today 1: 29-33(1968)

Stoller, widely experienced in applications of TV to group psychotherapy, here describes his experiences with videotaping encounter groups of "well" people. The purpose of these groups was self-exploration rather than cure, and the orientation was self-education rather than dealing with psychopathology. Intensive encounter group experience provides not for "understanding" but for immediate feedback; each individual member encounters immediate reactions to his actions and has to deal with them on the spot. Videotaping these sessions proved to be a valuable extension of group interaction; group members could see themselves as others saw them, which often proved to be very different from the way they thought they came across, that is, the difference between a person's inner state and his communications with others. Stoller advises the use of "focused feedback", that is, only a small part of all the messages transmitted by videotape can be absorbed, and thus only a short segment is shown at any one time, and then immediately discussed.

Another application Stoller describes is that of videotaping family therapy sessions. A number of families usually participate in these workshops, developing open, direct relationships as time goes on. Videotape playback is used to show family interaction.

Stoller, Frederick H.
Videotape Feedback in the Group Setting. J.Nerv.Ment.Dis.148:457-466 (1969)

"The stance an individual takes toward self-examination is crucially important in the effectiveness of self-confrontation through videotape. A helpful stance for self-examination can be fostered or impeded by the characteristics of the specific culture which develops in the group setting. The group may concentrate on behavior elicited within the group and witnessed by all group members, or it may concentrate upon behavior which occurs outside the group. The extent to which it focuses on either kind of behavior will determine the quality of data around which self-examination can evolve.

A theory relating the relevance of videotape self-confrontation to the group setting postulates that the optimum time for videotape feedback comes at a point of intersection between two major developments: that of the group as a particular kind of reference organization and the preparation of the individual for self-examination. The group becomes an arena in which individuals explore a wide variety of roles; the group members function as a very specific reference group. Group members encourage one another to engage in role taking, a process by which one examines objectively reactions to one's self. The therapeutic group evolves through a number of stages corresponding to the classification of reference groups: the individual comes to the group from his identification group with his values and role membership already formed though unexamined; initially the group functions as an interaction group in which membership is relatively unimportant but the platform for behavior is meaningful; the group then becomes a valuation group in which its value grows and its standards are set; finally, as an audience group, there is active evaluation and active attending to the evaluation. Meanwhile the individual moves from unexamined role behavior to role-playing "group member" in which he goes through the motions of a group member until he learns the process of reflexive role taking, a self-conscious learning about self.

Hypotheses concerning videotape feedback within the group concern the following areas: 1) the relation between the group leader's attitude and the intrusion of the equipment into the group; 2) the increased learning engendered by the mutual use of videotape between group members; 3) since videotape information is less loaded with transference than personal feedback, it can be attended to more directly; 4) the readiness of the individual to use the information is a function of his development within the group; 5) because of its contiguity to behavior, videotape feedback within the session is most helpful; and 6) short edited segments of videotape are most useful." (Author Abstract)

VTR Plays a Key Role In Rehabilitating Addicts.
Canad.Hosp.46: 36-37(1969)

The use of videotape in treating alcoholics and drug addicts is described (Donwood Foundation Hospital, Toronto). Lectures, which constitute an important part of treatment, are videotaped and shown to the patients.

Videotape Playback System Shows Dramatic Results for Stuttering Victims.
Educ.Media 1: 22-23(1969)

Dr. Arthur H. Berryman, general practitioner in Fort Worth, Texas, is using videotape playback to assist patients with stuttering problems. A method, developed by Dr. Ronald Webster from Hollins College, Virginia, slowing down stutterers' speech from the normal 125-175 words per minute to about forty words has been helpful to Dr. Berryman himself, and he now uses the method in combination with videotape playback to show patients how they sound and look at the beginning, during, and at the end of treatment. The method is applied during an intensive two-week training period, the patient is seen three hours per day, five days a week. At the beginning, videotapes of patient improvement are shown as encouragement to the new patient. He is then taped at regular intervals and the tapes are played back. The patient sees and hears his improvement, and the obvious progress serves as reinforcement. Dr. Berryman uses a 1/2" Concord VTR.

Weiner, Hannah B.
A Report on the Use of Psychodrama on a Television Show: "Alcoholism; Our Great Failure". Int.J.Socimet.5: 11-32(1966)

The "Today" show, seen daily on NBC, devoted its entire program to the problem of alcoholism on Novenber 26, 1965. The format of the psychodrama was chosen to present alcoholism and its effects on the alcoholic, (a woman in this case), and her family. The therapeutic effect of group interaction, alter egos, and a final phase in which the patient was in the process of attaining normalcy once again were deemed to have sufficient impact on a large, widely-diversified audience to keep them interested. Actual patients performed each role; most of them had had experience with group therapy and psychodrama before, in their own groups, although the group which was seen on NBC was especially assembled for purposes of demonstration. The psychodrama segment constituted only one part of that day's "Today" show; other parts consisted of interviews with experts on alcoholism. Feedback from the "actors" was uniformly favorable; all thought they had gained considerable insight by participating in it. There was actually a therapeutic aftereffect for each participant. Some viewer reaction was obtained; those viewers having a prior knowledge of psychodrama techniques benefited the most, but others, with no prior knowledge, learned a great deal about how an alcoholic and his immediate family feel without, perhaps, realizing that psychodrama in itself is a valuable therapeutic technique.

Witnessed Group Therapy on Television: Therapeutic or Not?
Amer.Psychol.23:759-61(1968)

Danet criticizes in this brief communication Shostrom's article on psychotherapy sessions broadcast over commercial television. (Amer.Psychol. 23:207-209(1968)). He raises questions about the ability of viewers to deal with the material, without having some "before and after" commentary available. He questions the audience response, mostly favorable, as a biased sample. Lubin and Hurvitz also comment on the article, and there is a rejoinder by Shostrom.

Woody, Robert H.
Clinical Suggestion and the Video-Taped Vicarious Desensitization Method.
Amer.J.Clin.Hypn.11:239-244(1969)

At the University of Maryland, vicarious desensitization was applied, using a standard videotaped hierarchy of anxiety-provoking situations. The reciprocal inhibition principle was applied with one group, while another received anxiety-decreasing suggestions. A third, or control group, received no intervention between pre- and post-testings. The experiment dealt with fear of snakes. All three groups had a significantly lower anxiety level after the experiment; however, the control group showed less change than the other two.

The author concludes that this method can indeed be a useful adjunct to other kinds of therapy. It frees the therapist's time and allows one technician to monitor several patients, suffering from similar phobias at the same time. Further study is suggested to ascertain the validity of this method; meanwhile it is suggested that continued assessment by the therapist is essential.

Woody, R. H., P. G. Schauble
Desensitization of Fear by Videotapes. J.Clin.Psychol.25:102-103(1969)

Desensitization via videotape is explored as a new mode of behavior therapy. A hierarchy of fear-provoking situations was videotaped and shown to three groups. Group I received induced relaxation and clinical suggestions to facilitate desensitization, Group II received induced relaxation only, and was told to visualize pleasant scenes between; Group III received no intervention of any kind. Group I had significantly more change than Group II, and both had more than Group III.

Woody, Robert H., Paul G. Schauble
Videotaped Vicarious Desensitization. J.Nerv.Ment.Dis.148:281-286(1969)

"The methodology and supporting research are presented for the videotaped vicarious desensitization (VVD) method. The VVD technique involves a videotaped hierarchy of fear- or anxiety-provoking situations. Experimental results indicate that it is effective in lowering anxiety in both group and individual settings. Moreover, it appears that clinical suggestions produce better results than the traditional nonsuggestive systematic

desensitization. Clinical case studies support the group findings, and an example clarifies the technical aspects of the procedures. It is noted that an audiotaped vicarious desensitization (AVD) method is currently being explored. It is urged that both the VVD and AVD procedures should be extended to diversified stimuli and should receive further clinical and experimental consideration." (Author Abstract)

ADDENDA (received too late for inclusion in alphabetical sequence):

Dinoff, M.
Feasibility of Videotaping Interviews. Psychol.Rep.25:239-242(1969)

Not available for review.

Gibbard, B. A.
Closed-Circuit Television in a Psychiatric Training Center. Laval Med. 40:929-932(1969)

At the Allan Memorial Institute, (Montreal, Canada) television and videotape are being used in the instruction and supervision of psychiatry residents. Interview techniques, both for individuals and families, are being taught via CCTV. Students watch a monitor, while one of their group does the interviewing. At times, an experienced psychiatrist conducts the interview, while another watches and discusses with the students what is seen. Family screening is videotaped so that family interactions may be readily identified. There is some discussion of technical aspects of equipment and facilities, as well as personnel. The author concludes that television and videotape are valuable adjuncts to psychiatric teaching.

Hart, H. C.
Editing Psychiatric Videotapes. TV in Psychiat.Newsl.Apr.1970:5-9.

The compression of raw psychiatric videotape footage into usable teaching examples, called Telexamples, is described, as developed by the TV Project at the University of Mississippi Medical Center. Editing criteria are established and actual experience is reported. Clarity, impact, preservation of essential material, and problems of intellectual honesty are dealt with and the author concludes that the technique is viable and may be used with psychiatric videotapes elsewhere, while it is not suitable for motion pictures and videotaped productions, following a scenario, having narration, and thus being "finished" products, rather than raw footage.

Kenney, Brigitte L.
Developing a System for Indexing Videotape. TV in Psychiat.Newsl., Feb1969: 3-8

The TV Project at the University of Mississippi Medical Center is developing a cataloging, indexing and retrieval system for psychiatric videotapes. Raw footage is edited into short segments; these are indexed under eleven major categories, using descriptive terms in the indexers' own

SUBJECT INDEX*

AFTERCARE

Bryant - 5

BEHAVIOR MODIFICATION

Bernal - 3
Videotape Playback... - 27
Woody - 28
Woody - 28
Woody - 28

CONFRONTATION

Alger - 1
Bahnson - 2
Geertsma - 9
Gergen - 10
Gottheil - 11
Holzman - 12
Kagan - 12
Kagen - 12
Kaswan - 13
Kubie - 13
A New Tool... - 18
Paredes - 19
Paredes - 20
Paul - 21
Reivich - 22
Resnikoff - 30
VTR Plays Key Role... - 27
Videotape Playback - 27

CONJOINT MARITAL THERAPY

Alger - 1

CONJUGATELY PROGRAMMED CCTV

Lindsley - 15
Nathan - 16
Nathan - 17
Nathan - 17
Smith - 25

CONSULTATIONS

Boin - 5
Dramatic Start... - 7

FAMILY THERAPY

Alkire - 1
Kaswan - 13
Perlmutter - 21

GROUP PSYCHOTHERAPY

Alger - 1
Berger - 3
Czajkoski - 6
Danet - 6
Danet - 7
Hogan - 12
Lawrence - 14
Lazarus - 14
A New Tool... - 18
Rogers - 23
Stoller - 25
Stoller - 26
Witness Group Therapy... - 28

INDEXING AND VIDEOTAPE LIBRARY

Browne - 5
Ekman - 7
Ekman - 8
Hart - 29
Kenney - 29
Kenney - 30
Moore - 16

INTER - INSTITUTIONAL USE

Boin - 5
Browne - 5
Dramatic Start... - 7

LEGAL IMPLICATIONS

Geertsma - 10
Milnes - 15

MEASURING INSTRUMENTS

Moore - 16
Nathan - 16

* Numbers following names refer to pages in the Supplement

SUBJECT INDEX - continued

MENTAL HEALTH TRAINING

Bodin - 4
Oswald - 19

PROGRAMMED INSTRUCTION

Enelow - 8
Reivich - 22

PSYCHODRAMA

Moreno - 16
Vogeler - 30
Weiner - 27

RESIDENT TRAINING

Gibbard - 29
Haworth - 11
Reivich - 22
Ryan - 23

REVIEW ARTICLES

Alkire - 1
Shackel - 24

TECHNICAL CONSIDERATIONS

Codling - 6

TEXTBOOKS

Berger - 3
Onder - 18

UNDERGRADUATE TRAINING

Barnes - 2
Bloch - 4
Gaitonde - 8
Haworth - 11
Merril - 15
Peterson - 21
Reivich - 22
Reivich - 22
Sclare - 24